

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| | | | | | |
|---|-----------------------------------|--|---|--|--|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input checked="" type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) King, Thomas B. | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input checked="" type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Moretti, August | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input checked="" type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Cassella, James V. | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input checked="" type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Williams, Jeffrey | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input checked="" type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Schneider, Stephen | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input checked="" type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input checked="" type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Colella, Samuel | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Versant Venture Capital II, L.P., 3000 Sand Hill Road, Building I, Suite 260, Menlo Park, CA 94025 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input checked="" type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input checked="" type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Frazier, Alan | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Frazier Healthcare IV, L.P., 601 Union Street, Suit 3300, Two Union Square, Seattle, WA 98101 | | | | | |
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
| Full Name (Last name first, if individual) Mario, Ernest | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o 1001 East Meadow Circle, Palo Alto, CA 94303 | | | | | |

Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Box(es) that Apply:

Full Name (Last name first, if individual)
Ringold, Gordon

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 1001 East Meadow Circle, Palo Alto, CA 94303

Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Box(es) that Apply:

Full Name (Last name first, if individual)
Stein, Isaac

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 1001 East Meadow Circle, Palo Alto, CA 94303

Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Box(es) that Apply:

Full Name (Last name first, if individual)
Zaffaroni, Alejandro A.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 1001 East Meadow Circle, Palo Alto, CA 94303

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)
Zaffaroni, Alejandro C.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 1001 East Meadow Circle, Palo Alto, CA 94303

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)
Pakianathan, Deepa

Business or Residence Address (Number and Street, City, State, Zip Code)
Delphi Ventures VI, L.P., 3000 Sand Hill Road, Building 1, Suite 135, Menlo Park, CA 94025

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)
Read, Leighton

Business or Residence Address (Number and Street, City, State, Zip Code)
Alloy Ventures 2002, L.P., 480 Cowper Street, 2nd Floor, Palo Alto, CA 94301

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)
Entities affiliated with Versant Venture Capital II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
3000 Sand Hill Road, Building I, Suite 260, Menlo Park, CA 94025

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)
Entities affiliated with Frazier Healthcare IV, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
601 Union Street, Suit 3300, Two Union Square, Seattle, WA 98101

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes ___ No
 Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$ Not Applicable

3. Does the offering permit joint ownership of a single unit?..... Yes No ___

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Montgomery & Co., LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

Three Embarcadero Center, Suite 1120, San Francisco, CA 94111

Name of Associated Broker or Dealer

Attn: George G. Montgomery

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security | Aggregate Offering Price | Amount Already Sold |
|---|-----------------------------|-------------------------|
| Debt | \$ _____ | \$ _____ |
| Equity | \$ <u>54,655,000.00</u> | \$ <u>47,273,401.16</u> |
| <input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred | | |
| Convertible Securities (including warrants)..... | \$ _____ | \$ _____ |
| Partnership Interests..... | \$ _____ | \$ _____ |
| Other (Specify _____) | \$ _____ | \$ _____ |
| Total..... | \$ <u>54,655,000.00</u> | \$ <u>47,273,401.16</u> |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| | Number Investors | Aggregate Dollar Amount of Purchases |
|---|---------------------|--|
| Accredited Investors | <u>79</u> | \$ <u>47,273,401.16</u> |
| Non-accredited Investors | <u>0</u> | \$ _____ |
| Total (for filings under Rule 504 only) | _____ | \$ _____ |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

| Type of Offering | Type of Security | Dollar Amount Sold |
|-------------------|---------------------|-----------------------|
| Rule 505..... | _____ | \$ _____ |
| Regulation A..... | _____ | \$ _____ |
| Rule 504..... | _____ | \$ _____ |
| Total..... | _____ | \$ _____ |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| | | |
|---|-------------------------------------|------------------------|
| Transfer Agent's Fees | <input type="checkbox"/> | \$ _____ |
| Printing and Engraving Costs | <input type="checkbox"/> | \$ _____ |
| Legal Fees | <input checked="" type="checkbox"/> | \$ <u>215,000.00</u> |
| Accounting Fees | <input type="checkbox"/> | \$ _____ |
| Engineering Fees..... | <input type="checkbox"/> | \$ _____ |
| Sales Commissions (specify finders' fees separately) | <input checked="" type="checkbox"/> | \$ <u>1,921,606.00</u> |
| Other Expenses (Identify) <u>Travel expenses related to Private Placement</u> | <input checked="" type="checkbox"/> | \$ <u>51,000.00</u> |
| Total..... | <input checked="" type="checkbox"/> | \$ <u>2,187,606.00</u> |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

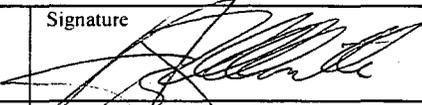
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer" \$45,085,795.16

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

| | Payment to Officers, Directors, & Affiliates | Payment To Others |
|--|---|---|
| Salaries and fees | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase of real estate | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase, rental or leasing and installation of machinery and equipment | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Construction or leasing of plant buildings and facilities | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Repayment of indebtedness | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Working capital | <input type="checkbox"/> \$ _____ | <input checked="" type="checkbox"/> \$45,085,795.16 |
| Other (specify): _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Column Totals | <input type="checkbox"/> \$ _____ | <input checked="" type="checkbox"/> \$45,085,795.16 |
| Total Payments Listed (column totals added) | | <input checked="" type="checkbox"/> \$45,085,795.16 |

D. FEDERAL SIGNATURE

The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|---|---|-------------------|
| Issuer (Print or Type) Alexza Molecular Delivery Corporation | Signature  | Date 11/10 /04 |
| Name of Signer (Print or Type) August Moretti | Title of Signer (Print or Type) Chief Financial Officer | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)